

# **General Guidelines for School Personnel About the Student with Diabetes on Insulin Pump Therapy**

## **General Information**

Insulin pump therapy is also referred to as Continuous Subcutaneous Insulin Infusion (CSII)

The pump is worn outside the body and is about the size and weight of a pager. It holds a cartridge or reservoir of insulin inside the pump and is programmed to deliver the insulin through a thin plastic tube called an infusion set. The infusion set is inserted just below the skin and stays in place for two to three days. Common sites could include areas of the abdomen, hip, thigh, or upper arm. When it is time to change the infusion set, a new infusion set is inserted into a different site.

The goal of insulin pump therapy is to achieve near normal blood glucose levels over 24 hours per day. The pump uses rapid acting insulin as compared to conventional injection regimens which combine rapid or short and long acting insulins.

## **Terms**

Insulin pump therapy combines a continuous basal infusion rate of insulin for 24 hours and a bolus dose for meal or snack times and times of high blood glucose. Typically basal rates are set in consultation with the child's health care provider.

**Bolus** delivered when the pump is manually programmed to give a dose of insulin for meals, snacks or for correction of elevated blood glucose.

**Basal** amount of insulin required when no food is eaten and infuses continually; a pre-programmed feature measured in units per hour; can be altered based on the pumper's daily needs; and can be temporarily changed for alteration in schedule, activity or illness.

**Parent/Student  
Responsibility**

The school nurse needs to ensure the actions listed below will occur during school activities. These actions are responsibility of the parent or student based on the student's age, skill and responsibility level as defined in the *Insulin Pump School Plan*.

- proper site preparation and needle/catheter insertion.
- programming the pump functions as it relates to delivering a bolus of insulin, using the suspend feature, or using the temporary basal rate adjustments.
- delivering the appropriate insulin amount based on blood glucose testing values, anticipated exercise and planned food intake.
- care of any skin site problems (bleeding, tenderness, itching, oozing, etc).
- If the tubing becomes dislodged at school the student will report immediately to the teacher who in turn will have the school office call the parent. The parent will be responsible for assisting the student, if needed, to replace the tubing.
- The student will be responsible for notifying parent(s) of any pump incidents.
- The student will be responsible for ensuring pump/tubing safety during physical activities.

The *Insulin Pump School Care Plan* provides information regarding the following:

- Treatment for hypoglycemia
- Treatment for hyperglycemia
- Troubleshooting
- Pump equipment problems
- Alarms
- Contact phone numbers (parents & pump manufacturer)

Developed by an ad hoc committee of the Utah Diabetes Control Program, Advisory Board, including: Colleen Drake, RN, C.S.N., Caroline Greene, RN, BSN, CHES, Sherrie Hardy, MS, RD, CDE, Dawn Higley, RN, MS, CDE, Kandy Hillam, RN, CDE, Lucie Jarrett, APRN, MS, CDE, Paula Johnson, and Carol Rasmussen, RNC, CDE

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